

Case Number:	CM15-0002129		
Date Assigned:	01/09/2015	Date of Injury:	12/13/2005
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50-year-old male worker was injured on 12/13/05. The office notes state the injured worker was diagnosed with lumbosacral sprain/strain with lumbar/lumbosacral disc degeneration. He has been treated with pain medications, muscle relaxants and TENS therapy. The treating provider requests Norco 10/325 mg #120. The Utilization Review on 12/12/14 non-certified Norco 10/325 mg #120, citing CA MTUS guidelines; there was no reported functional improvement with the Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): pp 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need

for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does record subjective response of pain to the opioid medication and documents functional improvement with medication use. It does address the efficacy of concomitant medication therapy, specifically Mobic, as well as the use of TENS unit. Urine drug screens have been performed and are consistent with prescribed medication. Therefore, the record does support medical necessity of ongoing opioid therapy with Norco.